DOCUMENT RESUME

ED 093 456 PS 007 180

AUTHOR	Aitchison, Robert A.; Liberman, Robert Paul
TITLE	Evaluating Groups for Training Parents in Child Management.
SPONS AGENCY	California State Dept. of Public Health, Berkeley.
PUB DATE	Aug 73
NOTE	12p.; Paper presented at the Annual Convention of the American Psychological Association (81st, Montreal, Canada, August 1973)
EDRS PRICE	MF-$0.75 HC-$1.50 PLUS POSTAGE
DESCRIPTORS	*Behavioral Objectives; *Behavior Change; *Child Care; Group Instruction; Parent Education; *Parent Workshops; *Program Evaluation; Training Techniques

ABSTRACT

The Oxnard (California) Community Mental Health Center reports on evaluation of efforts to train parents in child management skills using behavior modification techniques. Rigorous training procedures, curriculum, and evaluation techniques have been developed over the past two years. Twenty groups of 3-15 parents have received training in behavior modification during 10 sessions led by mental health technicians. The paper emphasizes the importance of evaluating program outcome in terms of multilevel sources of data if the workshop format is to continue as a viable approach to child therapy. Accordingly, evaluation of program progress encompasses the traditionally defined process variables such as attendance, participation by parents in workshops sessions, and characteristics of leadership behaviors of the trainers. In addition, the evaluation of parent training as outlined in this paper is in terms of what parents do, rather than what they talk about doing. Therefore, the effects of the training program are evaluated in workshop role-playing sessions, and later by home and phone contacts. Finally, the paper suggests that the impact of parent workshops should be assessed in terms of the reduction of delinquency rates, admissions to residential treatment facilities for children, and dropout rates. (CS)

U S DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION
THIS DOCUMENT HAS BEEN REPRO
DUCED EXACTLY AS RECEIVED FROM
THE PERSON OR ORGANIZATION ORIGIN
ATING IT. POINTS OF VIEW OR OPINIONS
STATED DO NOT NECESSARILY REPRE
SENT OFFICIAL NATIONAL INSTITUTE OF
EDUCATION POSITION OR POLICY

ED 093456

EVALUATING GROUPS FOR TRAINING PARENTS IN CHILD MANAGEMENT [1,2]

Robert A. Aitchison[3] and Robert Paul Liberman[4]

Oxnard Mental Health Center
Oxnard, California

PS 007180

This paper was presented at the
American Psychological Association
meeting in Montreal, Canada, August 1973

FOOTNOTES

[1]This paper was presented at the annual meetings of the American Psychological Association in Montreal, August 1973. The work has been supported by a 314d Grant from the California State Department of Health. The opinions stated in this article are those of the authors and do not represent official policy of the Ventura County Mental Health Department, the California State Department of Health, or the Regents of the University of California.

[2]The authors wish to express their appreciation for the excellent support given this work by Rafael Canton, M.D. and Stephen Coray, M.D., Directors of the Ventura County Mental Health Department and Health Services Agency respectively. The authors are also indebted to the dedicated and enthusiastic group leadership of Edwin Bryan, III, Albert Rivera, Gina Manchester, Vikki Smith, Monica Myron, Ramon Rocha, Walter Lunsford, Jack Schaff, and Lawrence Weathers who have shared the responsibility for training parents in child management.

[3]Project Director, Community-Based Preventive Services for Children and Adolescents and Chief of Childrens Services at the Oxnard Mental Health Center.

[4]Deputy Program Leader, Ventura County Mental Health Department and Associate Professor of Psychiatry, UCLA School of Medicine.

The training of paraprofessionals, indigenous nonprofessionals, and natural therapists (parents, siblings, schoolmates) has become a major focus of contemporary, clinical psychology. Propelled by the strong ideological currents of brief therapy, cost-effectiveness, and community mental health, these training efforts have been marked more by enthusiastic description than by sober evaluation. Despite a legacy of empiricism, behavior modifiers who have conducted training programs for parents in child management have indulged more in optimistic proselytizing than in critical self-appraisal. (Berkowitz and Graziano, 1972; Arnold, 1973)

Evaluation of efforts to train parents in child management skills can produce an informative and constructive data base for advancing behavior technology and prevention of behavioral disorders. Evaluation strategy should proceed from a comprehensive formulation of the wide variety of process and outcome variables which should be measured and submitted to experimental and correlative analysis. In Table 1 is listed the various levels of evaluation for programs training parents in child management.

Evaluation of program structure includes the characteristics of the parents (social class, ethnic group, education, number of children, marital status, exposure to their own parents, attitudes toward training procedures); characteristics of the targeted children (age, sex, birth order, number of sibs, type of behavioral problem ---typography, frequency --- duration and reinforcement history of deviant behavior; training and experience as leader and parent of "trainers"; and curriculum and procedures of the training effort. Very few published reports of programs for training parents in child management contain specific, operational descriptions of what the training actually consists of. Without an adequate and complete description of procedures, replications are impossible and reports of outcome are difficult to interpret or evaluate.

Some of the dimensions of program structure that should be concretely elucidated in any evaluation are:

1. Recruitment, selection, and screening of parents and children.
2. Instructions during recruitment and introduction, pre-testing, expectations set up by instructions and enthusiasm with which they are given.

3. Site of training (clinic, community place, school, home or combination of sites).

4. Format and curriculum of training (amount of each, content and quality)
   a. lecture and reading materials
   b. demonstrations (live, video, transparencies, film)
   c. testimonials and teaching assistance by previously trained parents
   d. frequency and number of sessions, and follow-up or "booster sessions"
   e. experiential training (role-playing, modelling, remote control prompting with their own or other child)

5. Contingencies placed on parents' refundable deposits; fees; fines; feedback contingent upon completion of homework; home visits; and phone calls).

6. Instructional objectives.

7. Number and duration of sessions; number of parents in group.

At the Oxnard (Ca.) Community Mental Health Center, where 20 groups of 3-15 parents have received training in behavior modification during 10 session workshops led by mental health technicians, a highly specific training procedure and curriculum has been developed over the past two years (Aitchison and Liberman, 1973). A semi-standardized procedure for training group leaders has also evolved. These are first steps in any program evaluation.

Evaluation of program progress encompasses the traditionally defined process variables such as attendance, participation by parents in workshop sessions, and characteristics of the leadership behaviors of the trainers. Progress variables have been carefully delineated by behavior modifiers in the "Methods" section of research publications and deserve similar attention in evaluations of parent training efforts. For example, while attendance at training sessions might seem like a trivial variable, unless a technology is developed to induce regular attendance, any and all outcome measures are irrelevant.

A direct, rigorous and reliable means of evaluating workshops could be achieved by monitoring the behavior of workshop leaders and participating parents. At the Community Mental Health Center in Oxnard, California we are engaged in specifying and measuring the group leader's behaviors, since he determines the content and methods of teaching. A variety of measurement dimensions and procedures are available for evaluating the teaching

behaviors of group leaders. These include: (1) non-verbal behaviors such as eye contact with parents, smiles, use of hands, use of notes, blackboard, slide projector; (2) number of eliciting questions by leader, amount of verbal discussion by parents, and the distribution of parent participation; (3) number of parents who approach leader during breaks in session or before and after sessions; (4) number of anecdotal examples given by leader to illustrate behavioral principles; and (5) number of interventions suggested when presented with specific problems. We are currently researching whether these measures differentiate neophyte from experienced group leaders. To the extent that these behaviors reflect competence and not solely stylistic or individual differences, we will have isolated behaviors necessary to accelerate in leaders of parents' workshops.

But, perhaps the widely used lecture format itself should be changed. We have been struck by the apathy and passivity of parent audiences in our workshops. Parents must be persistently probed and prompted to respond or they do not interact at all. They rarely ask questions spontaneously. Workshop programs can be designed to maintain the verbal interactions of parents with the group leaders by incorporating experiential methods such as modelling, role-playing or behavior rehearsal. We may discover that parents who have a history of extended television viewing can absorb and use information on behavioral principles if it is carefully and professionally programmed on videotapes. Videotape examples of parent-child interactions provide models for such interventions as using extinction, praise or time-out. The advantages of videotaped behavior training lies not so much in the reduction of professionals' time but rather in the re-allocation of professionals' time to provide immediate reinforcement and feedback to parents as they practice in role-playing the modelled scenes they have just observed.

At the Oxnard Mental Health Center, attendance at Parent Workshops --- offered as a free, community service --- has been a helpful measure of Program Progress for changing the Program Structure. When the workshops began, attendance for the 10 sessions was under 30 percent of those coming to at least the first session. This dismal response prompted us to institute an avoidance contingency with the parents: A $10.00 deposit is required at the first session which is returned in full if one or both parents (or a surrogate sent by them) attend each and every session. In the 18 workshops held since that contingency

was established, attendance has averaged over 75 percent.

In recent attempts to involve parents of pre-delinquent junior high school students in workshops, we were unable to achieve the attendance of even one parent at the first session, despite such heroic efforts as calling them on the phone 2-3 times reminding them about the workshop, sending messages about the workshop home with their children, offering them transportation to the evening workshop, and in some cases, having a Spanish speaking Teacher's Aide talk to the parent face-to-face. Difficulties were also encountered in attempts to enlist these parents' cooperation in setting up school/home contingency contracts for their children, even when home visits by indigenous nonprofessionals were utilized. It is apparent that we do not have an adequate technology to promote the attendance and participation of parents from poverty and multi-problem families.

Evaluation of Program Outcome

Evaluation of most workshops has focused on changes produced indirectly in children's behavioral principles. The changes have been reported by the parents, with only rare substantiation provided by the reliability checks of objective observers. The enthusiasm of the group leaders for their work or the self reports by parents on their children's improvement are not adequate for a scientific evaluation of the parent training enterprise.

A variety of educational formats has been used for parent workshops in behavior modification; however, only rarely has the effectiveness of the instructional procedures been examined by direct observation of the parents' behavior. The workshops have focused on the intellectual training of groups of parents through lectures, reading assignments, and verbal discussion of data brought in by the parents. Direct measurement of parental behavior has been de-emphasized because of the costs and inconvenience of sending observers into the home, and in developing valid and reliable observational codes. Our major evaluation tools have been the traditional paper-and-pencil tests of knowledge obtained about behavioral principles and the self-reports of parents (with or without graphs) on changes they observe in their children. At the Oxnard Mental Health Center we have dutifully collected test results --- finding an average 24 percent improvement in pre-post scores --- and have labored over data graphs --- finding that 62 graphs were produced by

72 parental pairs (or singles) with 36 successful interventions and 22 of these graphs focusing on a second behavioral goal in a child.

In actuality, the targeted objectives of parent workshops should be the performance or behavior of parents in altering the behavior of their children. We need behavioral measures, then, and not tests of conceptual knowledge; We want to know what parents do, not what they talk about doing. The parent workshop model must be reconsidered in terms of the real behaviors it will modify.

Role-playing or behavioral rehearsal offer a step in the direction of more reliable measurement of parents' behavior. We are developing procedures for evaluating sequences of parent-child interactions performed in role-playing by the parents at workshop sessions. If parents cannot perform in rehearsal, then it is not likely that they can perform at home; however, the converse is not necessarily true. This approach to evaluating outcome of parent workshops offers the following advantages:

1. performance in role-playing samples the parent's behavioral repertoire and is less abstracted from "in home" performance than verbal responses on tests or in group discussions.
2. role-playing is convenient and inexpensive to observe and rate since parents are already in groups at a single site.
3. role-playing may prove to facilitate parental involvement in the workshop sessions, attendance, and carrying out assignments in the home. Our preliminary experiences with parents of delinquent boys, in a replica of the Achievement Place model, indicate that the parents participate in the workshop to a much greater extent when role-playing is utilized.
4. role-playing as a component of training as well as evaluation could include both beginners and well trained parents, the latter providing believable, realistic models to facilitate the outcome of training.

Certainly there are limitations in evaluating parents' behavior via role-playing. Prompts, modelling and feedback provided in the role-playing situation need to be faded out to promote generalization. Role-playing does not give us information as to whether parents, in fact, do emit the appropriate behaviors at home. Nevertheless it is a for-

mat which will show that parents who emitted a variety of inappropriate prompts and consequences for behavior can be trained to behave appropriately in a clinical role-playing situation. Behaving appropriately under those conditions may or may not be related to effective changes in home behavior. This is an empirical question which will be investigated to establish the validity of clinical role-playing as an inexpensive procedure for determining the changes in behavioral targets in parent training situations and the generality of training effects over time.

Generalization and Multi-level Outcomes

The most meaningful evaluation of parent training rests on the generalization of training effects across behaviors (response generalization), across settings and children (stimulus generalization), and across time (durability). We have collected some data which suggest limited generalization of the effects of the Parent Workshop model into the home and over time. In Figure 1 is shown the results of our follow-up phone and home contacts with parents who attended six of our workshops. While over 50 percent of parents report concrete examples of using the behavioral principles learned during the workshop, only a few continue recording behaviors --- continued use of records always is associated with home token economies. It is generally assumed that the group workshop format is an economical intervention which uses minimal amounts of professional time and money to promote a great deal of behavior change. We must rigorously question how much behavior of parents and children our workshops are actually changing by assessing generalization in the three dimensions of response, setting, and time.

Evaluation of Program Outcome should also emphasize multi-level or multiple sources of data. Cost as well as effective change in behaviors are relevant to outcome, particularly to administrators, granting agencies, politicians, and taxpayers. Consumer satisfaction should be ascertained as well as behavioral outcomes. If the behavior of a child or parent is reliably demonstrated to have changed but the parents are unhappy and dissatisfied with the results or the methods, then the training procedure may have to be altered. The impact of Parent Workshops on the total human service system also will have to be assessed. For instance, does providing Parent Workshops reduce delinquency rates, admissions to residential treatment facilities for children, and drop-out

rates from schools?

If the workshop format is to continue as a viable approach to child therapy, then evaluation issues must be comprehensively formulated. Many who have been working in the field are convinced that the workshops produce changes; but we are no longer interested solely in whether parents can be trained to report changes in their children's behavior. We now want to know the most efficient ways to teach child management, the crucial factors in this training process, and how to make changes in parents' child management skills more durable. The group format for parent training is certainly economical in terms of the professional consultant's time. Whether it is the most effective format to produce the quickest and most durable outcomes can only be determined by measurement. Therefore, methods of evaluation are crucial if we are to demonstrate and improve on the effectiveness of the parent workshop approach to child therapy. We have few reasons to believe that our current efforts in parent training could not be improved.

Table 1.

EVALUATION STRATEGIES

1. EVALUATION OF PROGRAM STRUCTURE
2. EVALUATION OF PROGRAM PROGRESS
3. EVALUATION OF PROGRAM OUTCOME
4. COST-EFFECTIVENESS
5. SYSTEMS ANALYSIS

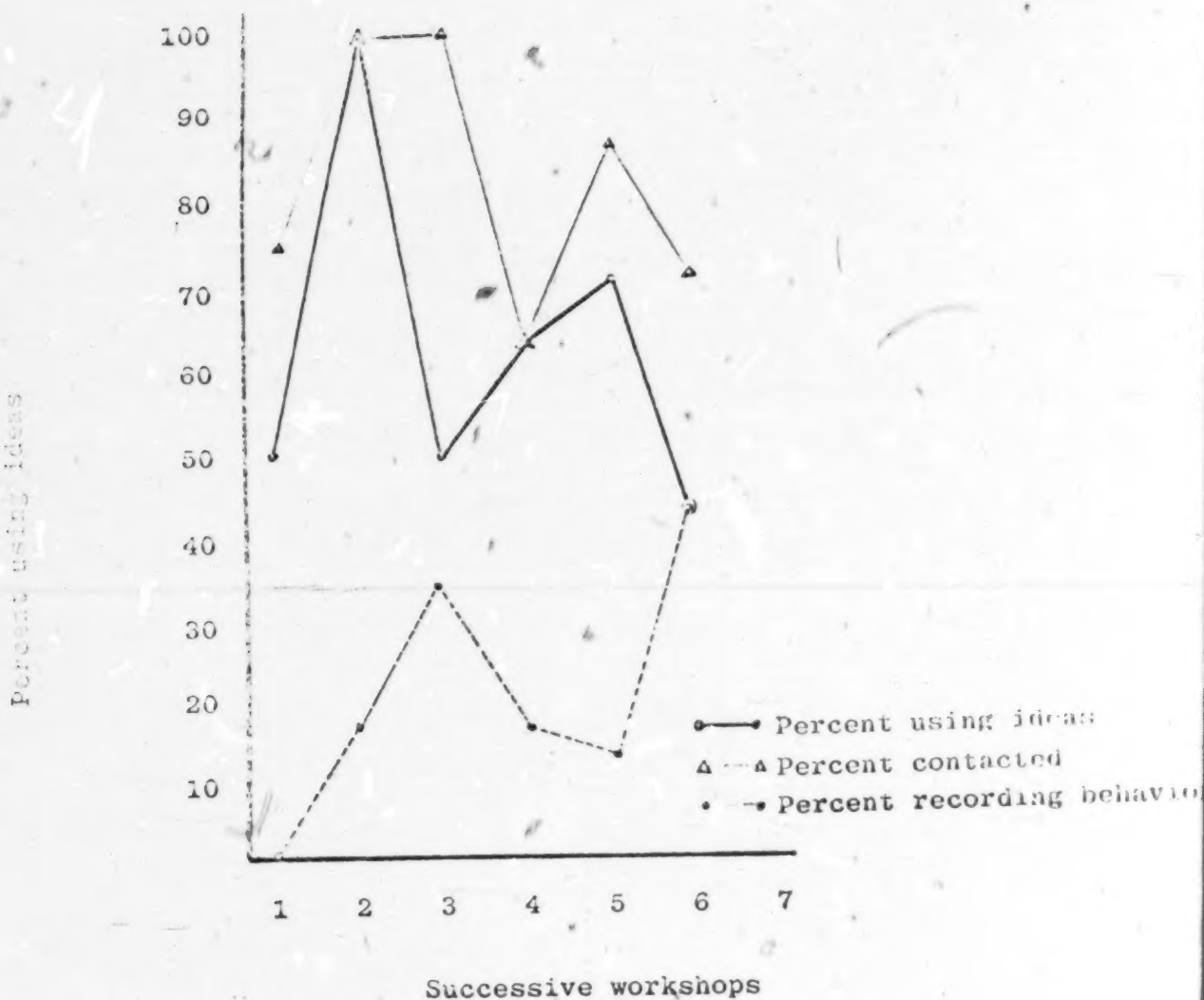

Figure 1. Percent of parents using workshop principles at a 8 week follow-up

REFERENCES

Aitchison, R. A. and Liberman, R. P. Parent Training Workshops in Behavior Modification: A Leader's Manual. Oxnard Mental Health Center, unpublished manuscript (1973).

Arnold, John. A technology of parent training. Unpublished manuscript, University of California at Santa Barbara, Department of Psychology (1973).

Berkowitz, Barbara and Graziano, Anthony. Training parents as behavior therapists Behavior Research and Therapy (1972) 10: 297-318.